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## APPLICATION FOR UNITED STATES PATENT DE RATION AND POWER OF ATTO

As a below named inventor, Thereby declare that:

My i	residence,	post office address	and citizenship are	as stated below ne	xt to my name; that
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I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New epitope tag recognized by a monoclonal antibody to Rickettsia typhi described and claimed in the specification:

Check one	•	
*a.	☑ attached hereto.	
b.	filed on as Application No and amended o	n (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Caroline D. Dennison, Reg. No. 34,494; and Stephen J. Roe, Registration No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full No of First or Sole Inv		ong-Joon	•	HAHN	
**Inventor's Signature:		Given Name Middle Initial  Myona - Joan Hakn		Family Name	
**Date of Signature		Antil	3. 2000		
		Month	Day	Year	
Residence: Bas	ic Medical Scien	ces Sungkyunkwan	University School Of N	Medicine,Suwon,Korea	
		ity	State or Province	Country	
· Citizenship:	Republic of	Korea			
	Post Office Address: (Insert complete mailing address,		Sciences, Sungkyunkwan	University	
	including country)		cine, Suwon, Korea		
*If Box (a) is ch	ecked, this form may be e	executed only when attached	d to the specification (including claims	s).	
**Note to Invent		ly as it appears above and in	nsert actual date of signing. USE PAGE 2 AND PLACE AN "X"	HERE	

Applicant or Par	tentee Myo	ng-Joon HAHN				
Serial or Patent	<del>,</del>		Attorne	y Docket No.:	105997	
Filed or Issued:		1 17, 2000		y Docket No	103997	_44_
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Myong-	Joon Hahn					
Signature of Ir	ventor	Signature of Inver	itor	Signature o	of Inventor	

Date

Date